

# Wisconsin Department of Regulation & Licensing

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## MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

### PROFESSIONAL COUNSELORS SUPERVISED PRACTICE EXPERIENCE

**SUPERVISOR: Please read thoroughly and carefully, and complete the attached form accordingly.**

#### **Supervision Requirements:**

- (1) An applicant who has received a master's degree shall complete 3,000 hours of professional counseling practice in no less than 2 years, including at least 1,000 hours of face-to-face client contact, under the supervision of a person specified in s. MPSW 12.02(2) before the applicant is eligible for a license as a professional counselor.
- (2) An applicant who has received a doctoral degree shall complete, either during or after completion of the doctoral degree program, at least 1,000 hours of professional counseling practice, under the supervision of a person specified in s. MPSW 12.02(2) before the applicant is eligible for a license as a professional counselor.
- (3) The person who is being supervised shall receive an average of one hour of one-on-one, face-to-face supervision per week for the duration of the supervision.

All supervisors shall be legally and ethically responsible for the activities of the professional counselor trainee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors shall be able to interrupt or stop the professional counselor trainee from practicing in given cases and to stop the supervised relationship if necessary.

**Supervisor: Please identify which of the following applies to you:**

- ☐ An individual licensed as a professional counselor, who has received a doctorate degree in professional counseling.
- ☐ An individual licensed as a professional counselor, who has engaged in the equivalent of 5 years of full-time professional counseling.
- ☐ A psychiatrist or psychologist licensed under ch. 455.
- ☐ A person employed by the division of vocational rehabilitation as a civil service vocational rehabilitation supervisor, level 3, who is licensed as a professional counselor or who has engaged in the equivalent of 5 years of full-time professional counseling.
- ☐ An individual, other than an individual specified in subd. (a) through (d), who is approved **in advance** by the professional counselor section. Please enclose a written request for approval. Your request must state the educational and practice credentials of the supervisor, and the reason you require this individual instead of one of the professionals listed in a. through d.

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## AFFIDAVIT OF PROFESSIONAL COUNSELING SUPERVISED EXPERIENCE

*(To be completed by supervisor only)*

NAME OF APPLICANT: \_\_\_\_\_

NAME OF SUPERVISOR (please print): \_\_\_\_\_

SUPERVISOR'S LICENSURE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

1) Name and address of agency where supervised experience was gained:

2) Beginning and ending dates of this supervised professional counseling experience:

From: \_\_\_\_\_ To: \_\_\_\_\_  
month day year month day year

I have supervised this applicant a total of at least 3,000 hours of professional counseling practice in no less than two years, including at least 1,000 hours of face-to-face client contact and an average of 1 hour of one-on-one, face-to-face supervision for every week for the duration of the supervision.

3) The applicant's title/position during the supervised professional counseling experience:

I swear that the foregoing information is true and accurate, and the candidate for licensure has met the requirements of s. 457.12(3), Wis. Stats.

\_\_\_\_\_  
Signature of Supervisor

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_  
(Supervisor Name)

\_\_\_\_\_  
Signature of Notary Public

**S E A L**

\_\_\_\_\_  
Date Commission Expires

**NOTE: THIS AFFIDAVIT MUST BE SIGNED BY THE SUPERVISOR IN THE PRESENCE OF THE NOTARY, ON THE SAME DATE.**